

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025600

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6983

STATE FILE NUMBER

FILED JUL 12 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	a. STATE	b. COUNTY
	St. Louis, Mo.	Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS	(If outside, give location)
Edgewater Nursing Home		7128 Jamieson	
3. NAME OF DECEASED		4. DATE OF DEATH	
First Middle Last		Month Day Year	
George H. Abeln.		7 3 63	
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
Male	White.		5-13-91
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)
Elec. engineer.		Retired	Breeze, Ill.
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
Henry Abeln.		Mary Haneklau.	Clara Abeln.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT
			Herbert F. Abeln 7128 Jamieson.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a)		10 weeks	
DUE TO (b)		Coronary Thrombosis	
DUE TO (c)		Arteriosclerosis Generalized	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY	Hour s.m. p.m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	
		COUNTY STATE	
21. I attended the deceased from 1952 to death and last saw him alive on July 1-63		Death occurred at 7:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE	22b. ADDRESS	22c. DATE SIGNED	
John Skellett MD	2314 Telegraph		
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	7-6-83	Mt. Hope.	St. Louis County Mo.
24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG.	
Southern Funeral Home.		JUL 5 1963	
6322 S. Grand Blvd.		26. REGISTRAR'S SIGNATURE	
		Road Smith, M.D.	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Dr. Kelleet.
2314 Teleg. Rd.
TW.2-3500

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Donna C. Bill

Licensed Embalmer No.

4347

P. O. Address

6322 Dr. David

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.